

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011793

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 181

Primary Registration District No. 4294

Registrar's No. 9

STATE FILE NUMBER

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)

Silex

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3mi West

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Lincoln

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

Silex

d. STREET ADDRESS (If outside, give location)

3 mi West

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARY

Middle

ADELINE

Last

DYER

4. DATE
OF
DEATH

Month

March

Day

17

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

Sept 11 1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Clement, Mo.

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Louis Schneider

13b. MOTHER'S MAIDEN NAME

Anna Klumpe

14. NAME OF HUSBAND OR WIFE

Howard Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Howard Dyer, Silex, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Lung

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Diabetes mellitus

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1961 to March 15-62 and last saw her alive on March 15-1962
Death occurred at 8 P.M. March 17-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.M. Penn. M.D.

22b. ADDRESS

Silex Mo.

22c. DATE SIGNED

3-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-21-62

23c. NAME OF CEMETERY OR CREMATORY

St. Alphonsus

23d. LOCATION (City, town, or county)

Silex (Millwood) Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J.O. Mudd Funeral Home, Silex, Mo.

25. DATE RECD. BY LOCAL REG.

March 21, 1962

26. REGISTRAR'S SIGNATURE

Ray T. Pennell
Acting Local Reg. by P.A.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MAR 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address

Burlington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 3-21-62